

(1) PLACE OF BIRTH

County of Spottsylvania
 Township of Woodruff
 or
 In Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

3778C

Registration District No. 4009 Registered No. 119
 (For use of Local Registrar)
 City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <u>Girl</u>	(4) Twin <u>born</u> or Triplet <small>(to be printed only in case of twin or triplet)</small>	(3) Number in order of birth <u>2</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 11</u> <small>(Name of Month) (Day) (Year)</small>
FATHER		MOTHER		
(8) FULL NAME <u>Samuel Edwin Wright</u>		(14) NAME BEFORE MARRIAGE <u>Elyse Mae Wrenn</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Woodruff DC #4</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Woodruff DC #4</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Spottsylvania Co</u>		(18) BIRTHPLACE <u>Spottsylvania Co</u>		
(13) OCCUPATION <u>Rt & Corner</u>		(19) OCCUPATION <u>Seamstress</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born as 4-15 A.M., on the date above stated. Nov 11 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. H. Wrenn

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given same added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) File Nov 12 1923 (28) Chap. L. Boyter Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar

Local Registrar

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